

*Amgt A / #12*  
*J 1.24.03*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0142  
Inventors: Macina et al.  
Serial No.: 09/802,674  
Filing Date: March 9, 2001  
Examiner: Harris, Alana M.  
Group Art Unit: 1642  
Title: Methods of Diagnosing, Monitoring,  
Staging, Imaging and Treating  
Gastrointestinal Cancer

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On January 21, 2003

  
Kathleen A. Tyrrell, Registration No. 38,350

U.S. Patent & Trademark Office  
P.O. Box 2327  
Arlington, VA 22202

Dear Sir:

Reply under 37 C.F.R. 1.111

This is a reply to the Office Action mailed October 18, 2002  
setting a three (3) month statutory period for response. Please  
enter the following remarks and amendments into the record.

In the Claims:

✓ Please cancel claims 6-10 without prejudice.

✓ Please amend the claims as follows:

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January 21, 2003

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**TO: Examiner Harris (TC 1600)**

**GROUP: 1642**

**FAX NUMBER: 703-872-9306**

**ATTORNEY DOCKET NO.: DEX-0142**

**SERIAL NO.: 09/802,674**

**FILED: March 9, 2001**

**NUMBER OF PAGES:**

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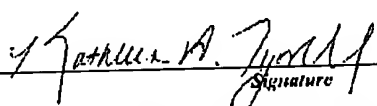
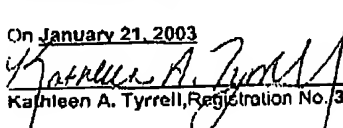
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>DEX-0142</b>		
Applicant(s): <b>Macina et al.</b>					
Serial No. <b>09/802,674</b>	Filing Date <b>March 9, 2001</b>	Examiner <b>Alana M. Harris</b>	Group Art Unit <b>1642</b>		
Invention: <b>Method of Diagnosing, Monitoring, Staging, Imaging and Treating Gastrointestinal Cancer</b>					
<b><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	20	0	x \$18.00	\$0.00
INDEP. CLAIMS	5	5	0	x \$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Kathleen A. Tyrrell, Registration NO. 38,350			Dated: <b>January 21, 2003</b>		
<b>LICATA &amp; TYRRELL P.C.</b> 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"> <b>Certificate of Facsimile Transmission</b>           I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office on the date shown below.           On <b>January 21, 2003</b>            Kathleen A. Tyrrell, Registration No. 38,350       </div>		
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